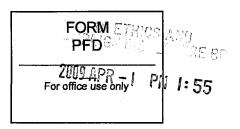
Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073

Reset Form



## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement		
Name: Terrence J. Hogar	1	
ivaille.	Please type or print legibly	
Agency or department: _	University of Northern Iowa	
Position held: Vice Pre		
Statewide office sought (r	non-incumbent candidates only):	
	endar Year 20_08. Check if this is an <u>amended</u> statement.	
General instructions: Comp	plete each of Parts A, B, and C below. Attach additional pages if necessary.	
* * * * * * *	* * * * * * * * * * * * *	
occupation, or profession name and nature of each l	ccupation, or Profession. By position or job title, list each business, in which you were engaged during the previous calendar year, including the business or employer. If you were not employed by anyone other than the on held above check here.	
1		
you received more than or value of the holding received jointly with one of spouse or other family me	ces of more than \$1,000. In the categories below list each source from which \$1000 in gross annual income during the previous calendar year. The amount is not required to be listed. This includes the total amount of any income or more persons exceeding \$1000. Do not report income received solely by your embers. A source is reportable if the gross income produced was subject to a during the reporting period. If you have nothing to report under Part B check	
1. Securities. List any	company in which you owned securities	
1. Various mutual funds		
2		

<b>Instruments of Financial Institutions.</b> List the income such as certificates of deposit or savings account	ts.
None	Rese
None	
Trusts. State the nature or type of the trusts.	
None	·
Real Estate. List the nature of real estate interests rived from the selling of property. Do not list the locate	including an interest from which income was
None	
	7-77-7-
Retirement Systems. List the name of the employ	
Ohio Public Employees Retirement System	
Sales to political subdivisions. List any sales of a ate if a commission from the sale was received.  None	
Other. List other sources of annual gross income no urposes.	ot reported above that were reported for tax
None	
art C. Certified Signature.	
art C. Common Signature.	
I certify that this statement is true and accurate am subject to potential civil and criminal penalties for tifle this statement by the required due date.	to the best of my knowledge. I understand that failing to file an accurate statement or for failing
Ntosan	March 4, 2009
(Signature of person filing statement)	(Date)